

Case Number:	CM15-0210122		
Date Assigned:	10/29/2015	Date of Injury:	01/15/2015
Decision Date:	12/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41-year-old female with a date of injury of January 15, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for sprain and strain of the lumbosacral spine, shoulder sprain, and cervical strain. Medical records dated July 10, 2015 indicate that the injured worker complained of severe neck pain, right scapular pain, lower back pain, and sacroiliac joint pain. A progress note dated September 11, 2015 documented complaints similar to those reported on July 10, 2015. Per the treating physician (September 11, 2015), the employee was not working. The physical exam dated July 10, 2015 reveals weakness and muscle spasms with restricted range of motion. The progress note dated September 11, 2015 documented a physical examination that showed similar findings to those documented on July 10, 2015, along with an antalgic gait. Treatment has included medications (Celebrex, Tramadol, and Cyclobenzaprine), and one session of occupational therapy. Magnetic resonance imaging of the lumbar spine (April 10, 2015) showed broad-based generalized disc annular bulge at L4-5 and L5-S1. Magnetic resonance imaging of the right shoulder (June 19, 2015) showed subchondral bursitis with supraspinatus tendinosis and paranasal at the musculotendinous junction. The utilization review (September 25, 2015) non-certified a request for twelve sessions of physical therapy for the cervical spine, lumbar spine, and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 additional physical therapy visits, 2 times per week for 6 weeks, for cervical spine lumbar and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with severe neck, RIGHT shoulder, low back, and bilateral foot pain. The request is for 12 additional physical therapy visits, 2 times per week for 6 weeks, for cervical spine lumbar and right shoulder. The request for authorization form is dated 09/11/15. MRI of the lumbar spine, 04/10/15, shows 2 mm broad-based generalized disc annular bulge noted at L4-L5 and L5-S1. MRI of the RIGHT shoulder, 06/19/15, shows subchondral bursitis with supraspinatus tendinosis and paranasal at the musculotendinous junction. Patient's diagnoses include carpal tunnel syndrome; pain in joint pelvic region & thigh; sprain and strain of lumbosacral. Physical examination of the cervical spine reveals trapezial spasm, tenderness at C6, C7, T1, T2. Exam of RIGHT shoulder reveals pain in abduction, and painful abduction, flexion, external and internal rotation. Exam of lumbar spine reveals paravertebral muscle spasm. Tenderness at the lumbosacral junction. Tenderness at L4, L5, S1. Straight leg raise and Lasegue's are positive. Patient's medications include Celebrex, Tramadol, and Flexeril. Per progress report dated 09/11/15, the patient to remain off work. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. The patient continues with neck, RIGHT shoulder, and low back pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, per peer review report dated 09/22/15, reviewer notes, "The records indicate that this claimant has already been certified for 18 physical therapy visits." In this case, the treater does not explain why the patient cannot transition into a home exercise program. Furthermore, the request for 12 additional sessions of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.